Celebrating Hiram Fitzgerald: Forty years with Infant Mental Health

This column marks the retirement of Hiram Fitzgerald from his many editorial roles of this WAIMH publication. He was the inaugural WAIMH Executive Director in 1993 when *The Signal* was first published with Charles Zeanah as Editor-in Chief and since that time has been actively engaged with the publication including the roles of copy editor and associate editor of

Perspectives in Infant Mental Health. Of special note and acknowledgement is Dee Bonvillian, Hi's wife who has also contributed as a production editor of *The Signal* in the 1990's. In honour of Hi's longstanding contribution to this publication since 1993, we invited Hi to write a paper as he reflected back over the past years. The title of his paper is: Forty

Years with Infant Mental Health: Some Reflections for the Future. Hi's paper is followed by some brief commentaries and in turn these commentaries are followed by a selection of tributes to Hi. These tributes are from a selection of colleagues and friends within WAIMH that offer a glimpse into Hi's immense outreach and support to many people in our field.

Forty Years with Infant Mental Health: Some Reflections for the Future

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Forty-one years ago, Thomas Taflan-Barrett, a clinical psychology graduate student at Michigan State University, asked me to seek a position on the Michigan Association for Infant Mental Health (MI-AIMH) Board of Directors. I followed his advice and much to my surprise, I was elected. During my first year on the MI-AIMH Board (1979) two decisions launched my connection with infant mental health; a connection that has lasted 42 years (and still counting!).

The first Board decision was to establish the International Association for Infant Mental Health (IAIMH)(see Fitzgerald, 1985; Fitzgerald & Barton, 2000), and the second was to establish the Infant Mental Health Journal as its official publication. Eventually IAIMH merged with the World Association for Infant Psychiatry and Allied Disciplines (WAIPAD), creating in 1992, the World Association for Infant Mental Health (WAIMH) (Fitzgerald & Barton, 2000). Affiliate Associations linked to IAIMH transferred to WAIMH and the new organization was off and running. Sixteen years later, WAIMH's central office moved from Michigan State University to the University of Tampere, Finland where it has continued to flourish.

The second decision created the *Infant Mental Health Journal*, with Jack Stack as its founding editor. Problems with the initial publishing house led to the Michigan Association for Infant Mental Health acquiring copyright of the journal (see Fitzgerald & Barton, 2000). Over the years, special issues of the *Infant Mental*



Health Journal have drawn attention to substantive issues affecting the development of infants and very young children, including fathers and infants (Fitzgerald & McGreal, 1981; Fitzgerald, Mann & Barrett, 1999; Bocknek, Hosssain & Roggman, 2014), infant and parent depression (Fitzgerald & Field, 1998), early exposure to alcohol and other drugs (Fitzgerald & Olson, 2001), culture and infancy (Tomlinson, Swartz & Fitzgerald, 2006; Fitzgerald, Mann, Cabrera, Sarche & Qin, 2009), the impact of Early Head Start, a USA national intervention targeting families with infants and toddlers (Fitzgerald, Love, Raikes & Robinson, 2005), and infants in foster and kinship care (Clyman & Harden, 2002).

The special issue that especially influenced me was the one honoring the career of Louis Sander (Hoffmann,

2000), in which he made reference to 'the diversity of disciplines that are emerging as the crossroads of infant mental health including biology, neuroscience, physics, genetics, obstetrics, neonatology, pediatrics, psychology, psychiatry, sociology, anthropology, linguistics, et cetera" (Sandor, 2000, p. 5). This multidisciplinary view of infant development was buttressed by Sander's call to view early development from a nonlinear dynamical system framework and understand "change in the individual as part of a larger systems process of change" (p. 5). He also challenged infant mental health researchers and practitioners to seek longitudinal evidence for the dynamic processes of early development, attending to the transitional phases of development and life-course experiences. In effect, Sander was advocating assessing

the relative impact of proximal processes relative to distal processes over the life course. In this regard, he was calling for more person-oriented analyses of development rather than variable-oriented analyses, to gain greater insight into how individuals change (or not) over time, and how such change becomes embedded or nested within increasingly complex systems over time, including the range of neurobiological networks and epigenetic changes organized by experience and synergistically organizing experience (Sameroff, 1983: Emde & Sameroff, 1989).

As infant mental health celebrates its 43rd birthday, the question Sander raised seems as relevant today as it was then: "Where are we going in the field of infant mental health" (p. 5). I believe a good starting point for a broad answer to Sander's question is to expand on his call for more systemic views of early development, and link it to three component areas where I believe infant mental health research and practice can uniquely contribute to a deeper understanding of developmental processes during the early years of life, particularly with respect to the interplay among genetics, epigenetics and lived experiences (Champagne, 2014).

Infants and Families as **Dynamic Systems**

Loukas and colleagues (1998) described the family "as a unity of interacting personalities," all of which are influenced by the codes, rituals, stories, roles (Sameroff, 1995) brought to the family by parents, grandparents, kinfolk, friends and neighbors and others. Individuals and families develop, organize, and change over the life course. Some experience positive and productive family relationships, some experience difficulties and fail, others find ways to overcome difficulties, build resilience and succeed over time. In every instance, family relationships develop and change over time due to a wide range of endogenous and exogenous influences. New members come into the family system in the form of grandparents, step-parents, foster-parents, uncles, in-laws, non-biologically related kinfolk (e.g., godparents, deep-relationship friends), teachers, peers, religious leaders, neighbors, barbers and hairdresser, and coaches, and all contribute to the individual's relationship experiences and are evaluated and internalized in relation to the individual's emerging sense of self.

For the past two decades I have become increasingly concerned about infant mental health's emphasis on the importance of dyadic and at the most, triadic interactions in early development. Although there are 3 sets of dyadic relationships in a family with two parents and one child, Emde (1991) pointed out that there are 45 dyadic relationships in a two-parent family with 3 children. Imagine a study of social-emotional relationships with 45 dyads per family with a study sample of 100 such families; complex systems indeed! Although many researchers give lip service to systems theory, it is not reflected well in the majority of research published, for example, in the Infant Mental Health Journal. A notable exception is Beebe et al's (2016) use of dynamic systems organizing concepts to examine, microanalytically, the organizational processes regulating the emergence of self and interactive-contingencies during dyadic face-to-face mother-infant interactions.

The fact is that we know little about the actual daily lived-experiences of infants and there is either little interest in naturalistic studies of infants and their families, or investigators of such work do not view the IMHJ as an appropriate outlet for such research. For example, during my first tenure as editor of the IMHJ, a paper was submitted dealing with the natural mother-infant separation experiences that occurred during early infancy, using a short-term longitudinal design. Reviewers did not respond positively, with most raising issues linked to extant attachment theory and coding of relationship dynamics within the traditional strange situation attachment methodology. At the time, I could not recall any published study that actually examined how often mothers and infants experienced separations during daily occurrences in lived experience, but I did remember Rheingold and Eckerman's (1970) paper that drew attention to the infants separating from mothers, and the work of Shaffran and DeCarie, (1973) and Soloman-Shaffran and Decarie (1976) that illustrated continuities and discontinuities in infants' responses to strangers during home visits over time, as well as gender differences in infants' responses to strangers during home visits. So, I accepted the paper and to this day, I think it continues to be the only published longitudinal study of naturally occurring daily separations of mothers and infants. Check it out! (Suwalsky, Klein, Zaslow, Rabinovich, & Gist, 1987). The point is, that we tend to exclude the natural world of the infant when we conduct highly constrained cross-sectional studies of what Overton (2015) might refer to as "moments", rather than processes that change (or not) over time. Or, to the dynamic daily events that bring the infant and young child into interactions with others in countless "strange situations" or

result in naturally occurring separations from their mothers. Rheingold (1969) not only reminded developmental researchers that the infant is a social being, but also that infants do separate from their mothers (Rheingold & Eckermen, 1970). Why do developmental scientists need such reminders? We need ethological studies to understand infant development as it occurs in more normative or everyday contexts, and, perhaps to ask different questions about adaptations that occur over the life course and the lived experiences that play an explanatory role in shifting individuals to different pathways of development over time.

A different issue that needs to be addressed concerns the researcher's view of what is normative family development. A great many babies are not reared by their parents or are only partially reared by their parents. I think most researchers in the Western world are biased by views that normative development requires parenting practices that stress individualism and the emergence of autonomy as the dominant goals of parenting. Little attention is given to cultures where communal values are the norm and the individual represents a socially constructed being who is always embedded within community (Shwalb, Shwalb & Lamb, 2013). How many assessment tools do we have that are based on such cultural values, in contrast to values that place individualism and autonomy as the gold standards for guiding human relationships and "normative" development (Dauphinais & King, 1992).

So we need to understand parenting better as well and understand within a systems framework, because parents change, so parenting a sixth child is different than parenting a first one, not just because there are six children, but because the dynamics of the family system have changed substantively (Emde, 1991). Marc Bornstein (2010) has made significant contributions to issues related to understanding parenting, especially cross-culturally, and about early child development, and Michael Lamb has led the way on identifying fatherhood in many cultures of the world (Lamb, 1987; Shwalb et al., 2013), and Harkness and Super (1996) exposed similarities and differences in parents cultural beliefs. We need longitudinal studies of families in order to understand life course-pathways other than those characteristic of children raised in families selected because of existing psychopathology (Zucker, Fitzgerald & Moses, 1995; Eiden & Leonard, 2000), low-income and family resources (Shaw, Keenan & Vondra, 1994), at high risk for the development of violence (Nagin &

Tremblay, 1999), or linked to a particular relationship issue in infancy (Sroufe, 2005).

Fathers and Family Systems

Fathers are part of the infant's everyday life experience through direct and indirect effects on family functioning, spousal relationships (including co-parenting), and child relationships (including similarities and differences between relationships with sons and daughters). The IMHJ drew attention to fathers and infancy during its second year of publication (Fitzgerald & McGreal, 1981) and subsequently (Fitzgerald, Mann & Barrett, 1999; Bocknek, Hossain & Roggman, 2014). During the 1970s and 1980s researchers focused on studies related to paternal performance. Are fathers capable of providing primary care to infants, such as changing diapers, feeding and bathing them? Relatively few early studies were focused on identifying what unique contributions fathers make to infant and child development. There now is considerable evidence that fathers contribute to early childhood development in ways other than supplying sperm, although contemporary research suggests that pre-conception paternal sperm may in fact cause epigenetic effects affecting the fetus in ways previously attributed to the mother (Day, Savani, Krempley, Nguyen, & Kitlinska, 2016; Finegersh & Homanics, 2014). Infants do develop attachment relationships with their fathers, but evidence suggests that infant-father attachment may be qualitatively different than infant-mother attachment, especially with respect to child gender differences. Lamb (1977) was among the first to note that the quality of attachment may be different for fathers and sons compared to fathers and daughters, and for mothers and daughters compared mothers and sons. Paquette's (2004) activation relationship, which draws on Bowlby's exploration facet of attachment (1973) captures these differences with respect to fathers and sons. The activation relationship encourages exploration and risk taking and often is expressed through father's rough and tumble play (Flanders et al., 2010) and stronger involvement with his children to assist development of skills needed to be effective in dealing with the physical and social world, rather than the inner world of emotion regulation (Yogman, 2000).

Investigators such as Lamb (1976), Park and Sawin (1976) and Pederson and Robson (1969) among others, pushed a research agenda that has resulted in a substantial literature related to fathers' influence on child development, including ghosts from their past that may affect their parenting behavior (Barrows, 2004), just as ghosts affect maternal parent-child

relationships (Fraiberg, Adelson & Shapiro, 1975). In addition, attention has been given to the early formation of ghosts, at least within the context of very young boys reared in families with high paternal psychopathology and family conflict (Fitzgerald, Wong & Zucker, 2013).

In addition to their overall influence on child development (Cabrera & Tamis-LeMonda, 2014), why fathers matter has been brought to light especially with respect to the development of boys. Boys have disproportionately higher rates of mortality and morbidity throughout the life span (Bale & Epperson, 2015). If one considers the full range of behavior regulation, cognitive performance and social-emotional behavior, boys have higher risk for behavioral dysregulation (Eme, 2007; Golding & Fitzgerald, 2017) and psychopathology (Hartung & Lefler, 2019) than do girls. While research has rightly drawn attention to the negative correlates of father absence, the effects of father presence also need to be examined particularly with respect to their influence on the balance of children's exposure to risk and resilience factors during early development. In particular, the fatherson relationship needs be examined more deeply with respect to the males' disproportionate risk for aggression, antisocial behavior, and violence at all age levels (Golding & Fitzgerald, 2019; Schore, 2017).

Equally important, considerable attention needs to be directed to the positive ways that fathers contribute to children's development. Research in infant mental health tends to focus on the outcomes of negative lived experiences, rather than on resilience building positive parenting practices. Every person's life-course consists of maintaining a space and time on the risk-resilience continuum (Fitzgerald, 2010; Fitzgerald & Puttler, 2018). Research during infancy and early childhood disproportionately focuses on risk rather than resilience, especially with respect to fathers' contributions to resilience (Tyano, Keren, Herrman & Cox, 2010; Hays-Grudo & Morris, 2020). Masten & Barnes (2018) define resilience as "the capacity of a system to adapt successfully to challenges that threaten the function, survival, or future development of the system (p. 99). Their short list of resilience factors include, but are not limited to: caring family, close relationships, skilled parenting, agency, problems solving and self-regulatory skills, self-efficacy, optimism, meaning-making, routines, and well-functioning schools and communities. Too often fathers are not included in such studies of resilience, especially with respect development of infants and very young

children, or their inclusion is described indirectly through maternal report.

We also need to understand and respect indigenous knowledge and indigenous cultures to assess how such knowledge and practices provide resilience in ways not well understood by investigators trained and committed to WEIRD (Western, Educated, Industrialized, Rich and Democratic) science (Henrich, Heine & Norenzavan, 2010) and its underlying world views. The United Nations estimates that there are 370 million Indigenous Peoples in over 90 countries. What do we know about the early life experiences of their very young children? We need to examine our theoretical assumptions, our measurement tools, and our implicit biases and we need to practice more participatory action research when engaging in studies of Indigenous Peoples (Sarche & Whitesell, 2012; Lewis, 2019; Wilson, 2008). Culture matters! (Atran, Medin & Ross, 2005; Fitzgerald, Mann, Cabrera, Sarche & Qin, 2010; Tomlinson et al., 2006). Racism and income disparities matter! (Ciciolla, Armans, Addante & Huffer, 2019). For example, after a home visit is completed and the visitor leaves, the family still lives in poverty, the same caregiver is still in the same neighborhood and still attends the same preschool or family home care, and still deals with racist policies and practices. So one either has to have the most powerful intervention ever devised to transform everything--we know that doesn't happen-- or one needs to understand the dynamics of family or environmental/cultural resilience that enable families to adapt in order to endure and succeed in everyday life and focus on building resilience while dramatically reducing risk.

Policy and Advocacy

Dye (1987) defined policy within the context of government actions or inactions, rarely implemented or negated by an individual. Rather, policy making requires many actors to collaborate to propose legislative policy and to enact it, nearly always with some degree of opposition. John (1998) described policy making "as a dynamic, complex, and interactive system through which public problems are identified, legislated and countered by creating new public policy or by reforming existing public policy' (p.2). Transitions in human development occur inter-generationally as well as ontogenetically over the life course. In their advocacy for a dynamic systems approach to policy, Yoshikawa and Hsuch (2001) suggest that, "research that tracks across multiple sectors may begin to suggest productively directions for the

integration of public policies aimed directly at enhancing children's development" (p. 1899).

What does that mean for WAIMH regarding policy positions with respect to infants, very young children and their parents and other caregivers? WAIMH has always been policy shy, reluctant to express its position in relation to world events that endanger families with very young children. However, in 2008 the WAIMH Board of Directors proposed the development of a Declaration of Rights for Infants and Young Children to be ready in time for the 30th anniversary of the United Nations' Convention on the Rights of the Child in 2019. The WAIMH Position Paper on the Rights of Infants was published (WAIMH, 2016), followed one year later by the seminal paper in the *Infant Mental Health* Journal on the worldwide burden of infant mental and emotional disorders (Lyons-Ruth et al., 2017). Each of these documents were intended to provide coherence for the extraordinary variations among countries with respect to issues promoting healthy social-emotional development during the earliest years of development. WAIMH's Rights of Infants contained 7 Basic Principles, and 10 Social and Health Policy Areas as well as endorsement of the UN Convention. Two of the Social and Health Policy Areas specifically reference mothers, fathers, and caregivers within the contexts of facilitating emotional support and parental leave for caregivers (Policy Areas 4 and 7). Lyons-Ruth and colleagues advanced four imperative priorities in relation to enhancing the mental health for infants and very young children (p. 5):

- Priority on global education regarding the signs of disorder in infancy and toddlerhood.
- Priority on enhancing the availability of treatment for infants and their caregivers.
- Priority on developing reliable information regarding infant and toddler mental health in developing and war-torn countries.
- Priority on enhancing family systems approaches to the study of infancy and early childhood, including studies of the resilience generating influence of fathers.

For me, these documents imply that WAIMH has a clinical, scientific, and moral responsibility for promoting the optimal development of the worlds' very young children and the adults who care for them. To my knowledge, however, WAIMH has not disseminated the Perspectives Rights

of Infants to government officials in any country.

Moreover, WAIMH has recently begun to engage in a communication plan. To date, two papers have been published. The first, WAIMH position paper on Infant's rights in wartime (Keren, Abdallah & Tyano, 2019). This paper was published in the Infant Mental Health Journal. Second, is a paper published in *Perspectives*, Diversity and the positive impact of culture and supporting families in context – A view from Africa (Berg, 2020). While these papers are a start, many areas remain to be addressed. For example, why has WAIMH not commissioned an article on infant and toddler mental health in developing and war-torn countries? What is the status of global education about signs of disorder in infancy and toddlerhood? Where is WAIMH's position paper with respect to parental leave? The questions are nearly inexhaustible. Where are policy briefs that draw attention to resilience building interventions available to policy makers? As Cabrera noted (2013, p. 14), "intervention science based only on findings of adversity and maladjustment can perpetuate a deficit perspective and promote harmful stereotypes that associate deficits of a select group with an entire group of people."

Writing in the context of policy changes needed to counter racism and discrimination, McKinney et al. (2017) suggest that there is a need for "studies at the exo- and macrosystem levels (Bronfenbrenner, where structural policies embedded in economic and racial inequities contribute to risk." I suggest that similar studies are needed to impress policy makers about broader issues concerning early development than are provided by studies of parent-infant dyads. Perspectives in Infant Mental Health would be an appropriate publication for articles related to policy implications of the scientific and clinical studies published in the Infant Mental Health Journal and other scientific journals that rarely, if ever, cross the desk of policy makers. The special issue on infants in foster and kinship care (Clyman & Harden, 2002) provides an excellent case in point about translating science to practice/policy. Eight articles address critical issues related to infants being reared in non-parental settings. A concise summary article drawing attention to policy issues in relation to the wealth of information contained in the special issue about non-parental care settings could have ended the special issue, and also disseminated as a policy brief by WAIMH as one of the official sponsors of the Journal. More recently, the Infant Mental Health Journal's "Special notice on

the COVID-19 crisis" is a step in the right direction because it references a number of publications where readers can find detailed information about the impacts of COVID-19 other than prevalence and death rates.

Despite the publication of the Rights of Infants and 50 years of intensive research focused on infancy and early childhood, Weatherston and Fitzgerald (2018, p. 17) note four key public policy area that continue to challenge optimal development for infants and very young children:

- Chronic underinvestment in infancy and early childhood.
- Fragmented efforts to implement or sustain services for children 0-3 especially services supporting social and emotional health and infant mental health
- Persistent child and family poverty, increasing the burden of vulnerability infancy and early childhood and stress in early parenthood.
- The resurgence of racism and discrimination linked to increased migration of human populations throughout the world.

Summary and Key Points

The origins of the interdisciplinary field of infant mental health can be traced to numerous strands of inquiry that emerged during the early part of the 20th century. Its emergence as an organized professional field of clinical science, however, is more recent. I have been studying infants for 54 years, and for 39 of those years was either a member of the board of directors, president, or executive director of professional societies (Michigan Association for Infant Mental Health, International Association for Infant Mental Health, World Association for Infant Mental Health) working collaboratively with clinicians, scientists, and practitioners with extraordinary commitment to understanding the world of infants, very young children and their parents in efforts to truly optimize the quality of relationships that we know lead to productive life-course pathways. The breadth and depth of knowledge that now exists related to the early years of human development arguably is more extensive than any other age period.

Yet, because nature, built environments, human social and political institutions and the environment itself are dynamic, open systems, clinical science and public policy must also be dynamic continually studying the factors that impact infants and

young children and the individuals who provide for their care and development throughout and across the life cycle.

In this essay I drew attention to systems theory, fathers, and social policy, three areas of research and practice that, if intensified, will move infant mental health specialists ever closer to the desired common goal of truly enhancing the optimal development of infants and families throughout our species. Specifically, I believe that the interdisciplinary field of infant mental health must attend to at least the six needs noted below:

- We need more research about infants within the family and larger systems within which they live from an interdependent experience perspective.
- We need more person-oriented longitudinal studies/analyses to understand individual differences and the continuities and discontinuities that occur over the life course.
- We need more research about the impact of men/fathers on child development, especially within the first five years of life.
- We need more research focused on the balance between adversity and resilience that reflects the lived experiences that most humans have over the life course.
- We need to examine the impact of cultural context in all studies of human development, particularly with respect to indigenous peoples.
- We need to find ways to translate our science and convey its practical meaning to policy makers, program developments and the legal community.

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Brief Commentary Forty Years with Infant Mental Health: Some Reflections for the Future. A lens from USA.

By Julie Ribaudo, Clinical Professor of Social Work, University of Michigan, Ann Arbor, Michigan, USA

Yes, yes, yes and yes. Reading Fitzgerald's (2020) paper left me nodding throughout. Yes, of course humans grow and change throughout their lifetime. Yes, indeed, my own father mattered tremendously. He metaphorically sat with me through many a session as I engaged with fathers interacting with their babies and young children, alert to the ways I might unwittingly impose my gendered expectation of parenting, all the while recalling the thrill of the games (e.g., "hide and go seek" in the dark) my father played with us that heightened our tolerance for anticipation and excitement.

Yes, culture matters tremendously. We don't know what we don't know until we know it. Culture shapes what we "know" and don't know. And yes, indeed, resilience is fostered through proximal and distal relationships. As Bretherton reminded us (1992), Bowlby once wrote, "Just as children are absolutely dependent on their parents for sustenance, so in all but the most primitive communities, are parents, especially their mothers, dependent on a greater society for economic provision. If a community values its children it must cherish their parents" (Bowlby, 1951, p. 84).

Early in my training I was taught to ask, "what would the baby say?" As I finished Fitzgerald's cogent analysis of what remains to be attended to in protecting infant mental health, I wondered what the baby would say. One plea might be: "teach the teachers." The comprehensive approach Fitzgerald outlines will require novel and creative ways of teaching, training and supervising practitioners, researchers, and policy makers. Many institutions of higher education have yet to develop true interdisciplinary education. Continuing to train in our siloed fashions

will only further contribute to an emphasis on the very modalities of intervention and research that are limiting our capacity to move the field further. Research funding models that favor lab-based randomized controlled trials vs. community-based, "person-oriented longitudinal studies/ analyses" inhibit creative, cross-cultural, intensive understanding of the lived experience of babies and the families and communities that care for them. Only with paradigm shifts encouraged at the university level will we train the next generation of practitioners, researchers, and policymakers to think with the wisdom Fitzgerald so generously offers.

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